

The greater part of the book is concerned with theory and technique in the dynamic therapies and covers the spectrum from psychoanalysis to behaviour therapy and hypnosis. There is a long chapter on the management of 'special conditions', which includes schizophrenia, depression, alcoholism, phobias, anxiety reactions, the chronically mentally ill and personality disorders, and here he emphasises the importance of a non-dogmatic approach and a clinically sensitive use of both physical and dynamic treatments.

I enjoyed this book and I think it would be a pleasant if non-essential addition to the departmental library. The general psychiatrist will find in it a dynamic approach which respects organic treatments; the non-medical psychotherapist should find an invaluable guide to the boundaries between medical and dynamic methods; the psychotherapist might learn a lot about answering questions with clarity and good sense.

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**The Psychotherapeutic Conspiracy.** By ROBERT LANGS. New York: Jason Aronson. 1982. Pp 338. \$34.50.

Alarmed by the vast growth and bewildering array of the 'psychotherapies', Langs has written a valuable polemical account of their vicissitudes. Drawing an object-relations theory he takes a detailed look at unconscious needs of patients and therapists, and the emotional disturbance they hope to solve.

Patients often have a need to find and seemingly suffer at the hands of a psychologically impoverished therapist in order to appease an unconscious sense of guilt and masochistic drive. Therapists often project unconscious areas of themselves into the patient, ridding their pathology into the designated ill person.

Staying at the patient's surface tends to be easier, protective, attractively simple and far less threatening than attempting to delve into the patient-therapist interaction where Langs sees the truth. The naive view that the unconscious speaks directly, together with an apparent understanding of manifest content is none other than a seduction between therapist and patient.

He classifies behavioural, cognitive, primal scream, EST etc. as lie therapies in which patient and therapist collude to avoid seeking out psychological truths. This is achieved by avoiding focussing on Langs' bipersonal field, and the 'here and now' of the transference-countertransference, which he feels can be classified and analysed in its most minute detail, to reveal the truth of the object-relationships.

Langs instructively looks into Breuer's patient Anna

O and Freud's early *Studies in Hysteria*, trying to analyse the various mésalliances between patient and therapist. He attempts to link the various levels of misunderstanding within these treatments with different schools of psychotherapy today.

This good book will be at best scorned and misunderstood and, at worst, unread by the large number of people who are called therapists.

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**Psychotherapy Research: Methodological and Efficacy Issues.** American Psychiatric Association Commission on Psychiatric Therapies, Washington D.C. 1982. Pp 261. \$15.00.

The American Psychiatric Association has undertaken a major assignment—no less than the compilation of a psychiatric treatment manual. This is planned to serve as a guide to the practising clinician. In the light of the considerable differences psychiatrists exhibit in their contemporary diagnostic and therapeutic approaches, one does wonder whether psychiatry is ready to receive such a manual. Only time will tell. In the meanwhile, we can note the results of the first efforts by the APA, a volume prepared by a Commission on the Psychotherapies, composed of the many distinguished names in American psychiatry and under the chairmanship of the seemingly indefatigable, Toksoz Karasu.

Perhaps anticipating critical reaction to the inclusion of certain psychological therapies in the definitive manual, the Commission has grappled head-on with the question of whether psychotherapy works or not. The conclusion arrived at is that: ". . . . psychotherapy appears efficacious more often than not, but . . . . the conditions under which it works are not well understood". Another important conclusion the Commission reaches is that ". . . . most research data available do not adequately reflect the work of the clinicians as actually practiced. It is especially true that long-term psychotherapy and psychoanalysis have not been adequately evaluated". The reader is urged—quite rightly in my view—to bear in mind the "large body of clinical experience and knowledge, accumulated by practitioners over many decades", and to consider this clinical lore in any discussion about efficacy.

These conclusions are reached following a thorough, but at the same time succinct, examination of several methodological topics, including the nature of control groups, the selection and assignment of patients in clinical trials, research designs, and measurement of outcome. There are useful chapters, as well, on the

ethical aspects of research in psychotherapy and on statistical issues. The actual evidence of the effectiveness of treatment is then dealt with, in terms of modality, e.g. individual, marital and group, and in terms of diagnosis, e.g. schizophrenia, depression, neurosis, and the medically ill.

Who should read this book? Certainly anyone embarking on research in the field of the psychotherapies will achieve a helpful orientation to many of the methodological issues facing him. The person sceptical about the value of the psychotherapies will do well to look at the body of research knowledge assembled here, in order that he can contribute to the debate more constructively.

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**Projective Identification and Psychotherapeutic Technique.** By THOMAS H. OGDEN. New York: Jason Aronson. 1982. Pp 236. \$25.00.

It is now more than fifty years since Melanie Klein first published her revolutionary observations of children's play from which she was able to infer the existence of unconscious sadistic phantasies involving attacks and invasions into the inside of the mother's body. Play could no longer be seen in a sentimental light or even merely as an attempt to master the external environment but rather as the symbolic expression of an unconscious phantasy world. Later she used the term 'projective identification' in order to describe the phantasied projection of split-off parts of the self or even the whole self so as to injure and control the mother from within.

The nature of the subtle interplay between the mechanisms of projective identification and identification by reintjection was responsible in Klein's view for the development of the child's internal world, the quality of its internal objects and the strength and character of its ego. These ideas together with the new developments introduced by Wilfred Bion with his notion of "attacks on mental functions" (including those which make thought, phantasy and symbol formation possible) and "container and contained" form the core of understanding, out of which contemporary psychoanalytic technique in the British School has evolved.

In the United States however Kleinian thought has been as suspect to the mainstream of psychoanalysis as psychoanalysis itself has been to the mainstream of British psychiatry! Ogden's book, which is the second in a series published in America and edited by Robert Langs to deal with projective identification, must therefore be welcome, even if he is at pains to reassure

his readers that the concept:— "has no inherent connection with any aspect of specifically Kleinian meta psychology or clinical theory". It seems sad that an author who draws so heavily on the work of Bion should present the clinical technique for the containment of projective identifications, which analysts working in the Kleinian tradition have done so much to develop, in caricature, so that it appears to do just the opposite. In fact the exposition of other people's psychoanalytic approaches is probably the weakest section of the book. The case presentations however, which illustrate different modes of psychological auto-destruction leading to what Ogden calls the schizophrenic state of non-experience, and its gradual modification through hours of patient analysis, are the book's greatest strength.

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**Behavioral Medicine: Assessment and Treatment Strategies.** Edited by DANIEL M. DOLEYS, R. L. MEREDITH and ANTHONY R. CIMINERO. New York: Plenum. 1982. Pp 628. \$42.50.

Behavioral Medicine is a term used to describe the applications of behavioral and psychological techniques to medical problems. In the first part of the book general assessment and intervention procedures are described including cognitive learning approaches, relaxation training, biofeedback and social skills training.

The second part considers therapeutic approaches to specific disorders such as essential hypertension, chronic headache, epilepsy, chronic pain, urological disorders, asthma, and sleep disorders to name but a few. It is fascinating to read that a package treatment has been developed for the treatment of insomnia, based on the observation that many insomniacs reported obsessive thoughts while lying in bed. The package treatment involved the addition of stimulus control to stop these thoughts, and was more effective in treating insomnia than relaxation alone.

The third section covers wider areas of application, and leads to a serious criticism. What are the boundaries of behavioural medicine? Does it include all areas of medicine where psychological principles can be applied, which many would state includes the whole of medicine? In addition, as with so many multi-author books, repetition of some material occurs and the style is uneven.

However, most chapters provide some thought provoking material, for example, Dennis Turk's chapter states: "Although the cognitive learning approaches appear promising, a number of questions